

Vacation House Check

Resident Name: _____

Address: _____

Auburn Hills MI 48326

Phone Number: _____

Contact Person & Phone Number: _____

Date Leaving: _____

Date Returning: _____

Lights on timer: Yes or No

Alarm system: Yes or No /If yes, Name and Number of company:

Make/Model of vehicles left at location:

1.

2.

Please return this form in person or by mail to the Police Department (1899 N. Squirrel Rd.)